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RECIPIENT INFORMATION	SENDER INFORMATION
To: Examiner C. Kam/U.S. PTO	From: Susan M. Dadlo, Esq.
Voice Tel. No.:	Voice Tel. No.: 703-836-6620
Fax Tel. No.: 703-308-0294	Sent By: Jamyn Ebeling
Your Ref.: U.S. Serial No. 09/833,637	Our Ref.: 011900-309
	Total Pages (Incl. Cover Page): 19

RE:**MESSAGE:**

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(BDSM 05/01)

Patent
Attorney's Docket No. 011900-309

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Patent Application of)
)
Yoshikatsu KODAMA et al.) Group Art Unit: 1653
)
Application No.: 09/833,637) Examiner: C. Kam
)
Filed: April 13, 2001) **VIA FACSIMILE TO EXAMINER**
) **(703) 308-0294**
)
For: GLYCOPROTEIN HAVING)
) INHIBITORY ACTIVITY AGAINST)
) HELICOBACTER PYLORI)
) COLONIZATION)

official
1/24/03
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AMENDMENT AND REPLY TRANSMITTAL LETTER

Assistant Commissioner for Patents
Washington, D.C. 20231

Sir:

Enclosed is an Amendment and Reply for the above-identified patent application.

- ☐ A Petition for Extension of Time is also enclosed.
- ☐ A Terminal Disclaimer and a check for ☐ \$55.00 (248) ☐ \$110.00 (148) to cover the requisite Government fee are also enclosed.
- ☒ Also enclosed is Exhibit A (including Experiment A, Table 1, a description of Figures 1 and 2, and Figures 1 and 2).
- ☐ Small entity status is hereby claimed.
- ☐ Applicant(s) request continued examination under 37 C.F.R. § 1.114 and enclose the ☐ \$370.00 (279) ☐ \$740.00 (179) fee due under 37 C.F.R. § 1.17(e).
- ☐ Applicant(s) previously submitted __, on __, for which continued examination is requested.
- ☐ Applicant(s) request suspension of action by the Office until at least __, which does not exceed three months from the filing of this RCE, in accordance with 37 C.F.R. § 1.103(c). The required fee under 37 C.F.R. § 1.17(i) is enclosed.
- ☐ A Request for Entry and Consideration of Submission under 37 C.F.R. § 1.129(a) (146/246) is also enclosed.
- ☒ No additional claim fee is required.

(10/01)

Amendment and Reply Transmittal Letter

Application Serial No. 09/833,637Attorney's Docket No. 011900-309

Page 2

☐ An additional claim fee is required, and is calculated as shown below:

AMENDED CLAIMS					
	NO. OF CLAIMS	HIGHEST NO. OF CLAIMS PREVIOUSLY PAID FOR	EXTRA CLAIMS	RATE	ADDT'L FEE
Total Claims	15	MINUS 20=		× \$18.00 (103) =	0.00
Independent Claims	3	MINUS 3 =		× \$84.00 (102) =	
If Amendment adds multiple dependent claims, add \$280.00 (104)					
Total Amendment Fee					
If small entity status is claimed, subtract 50% of Total Amendment Fee					
TOTAL ADDITIONAL FEE DUE FOR THIS AMENDMENT					\$0.00

☐ A claim fee in the amount of \$_____ is enclosed.

☐ Charge \$_____ to Deposit Account No. 02-4800.

The Commissioner is hereby authorized to charge any appropriate fees under 37 C.F.R. §§ 1.16, 1.17, 1.20(d) and 1.21 that may be required by this paper, and to credit any overpayment, to Deposit Account No. 02-4800. This paper is submitted in duplicate.

Respectfully submitted,

BURNS, DOANE, SWECKER & MATHIS, L.L.P.

By:

Susan M. Dadjo
Susan M. Dadjo
Registration No. 40,373

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Date: January 22, 2003

I hereby certify that this correspondence is being sent
by Facsimile Transmission to the Assistant
Commissioner For Patents, Washington, D.C. 20231
or:

Date: January 22, 2003

Name: Jamyn Ebeling

(Typed or printed name of person signing the
certificate)

Sign: *Jamyn Ebeling*

(Signature of person signing the certificate) (10/01)

Date: January 22, 2003

(Date of Signature)